

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2-000050683

1. Corporation Name

Infant Development Corporation

2. Principal Office Address

4760 NW 167 Street

3. Mailing Office Address

4760 NW 167 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33014

Country

USA

Zip

33014

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/02

5. FEI Number

06-1652082

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Christopher Dunnum

Street Address (P.O. Box Number is Not Acceptable)

4756 NW 167 Street

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Christopher B. Dunnum

Date 10/02/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	E. J. McKenzie	4760 NW 167 Street	Miami, FL 33014
VCEO	Christopher Dunnum	4756 NW 167 St	Miami, FL 33014

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

E. J. McKenzie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/02/03

Daytime Phone #

305  
620-9972

CR2E081 (10/02)

# INFANT DEVELOPMENT CORPORATION

4760 NW 167 Street  
Miami, FL 33014

October 4, 2003

Division of Corporations  
Tallahassee, FL

RE: Infant Development Corporation – Annual Renewal

Dear Sirs:

Enclosed is the fully completed and executed corporate reinstatement form along with a check for \$150.00 to cover the reinstatement fee.

After conversing with your office regarding this reinstatement, it was noted that we did not receive a renewal notice from your office. Accordingly, we request that the fees that would normally be charged for the untimely renewal be waived.

Please forward the appropriate documentation evidencing the renewal to be address noted above.

Thanking you in advance for your prompt attention to this matter.

Yours truly,

A handwritten signature in cursive script that reads "E. J. McKenzie" followed by a slanted line and the letters "bn".

E. J. McKenzie